

Updated September 2010

Complete the information below and send it* to Prométour by any of the following methods:

- Hand in directly to your group leader
- Via Mail to: PROMETOUR, 339 St-Paul East, Montreal (QC), Canada H2Y 1H3
- Via Fax (*credit card only*) at: 1-888-304-9446 or 1-514-848-0284

Prometour Project Manager:

Participant Name:

Group/School Name:

Group Leader Name:

Destination:

PAYMENT BY CHECK

Enclose is the check(s) for the following payment(s) and according to the payment schedule on the price sheet:

1st deposit in the amount of: \$_____

3rd deposit in the amount of: \$ _____

2nd deposit in the amount of: \$ _____

4th deposit in the amount of: \$ _____

PAYMENT BY CREDIT CARD



Number: | | | | | | | | | | | | | | | | | |

Expiry Date:

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Month Year

****A photocopy of both sides of the card must accompany this form if payment is done by credit card****
Please check with your credit card company for any fees they may apply

CARD HOLDER INFORMATION

Personal information on this form is used for the sole purpose of processing payments

[illegible]

First Name

Last Name

Date:

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Month Day Year

CARDHOLDER'S SIGNATURE

Daytime Tel. # (MANDATORY)

CREDIT CARD PAYMENT OPTION (please choose only one)

☐ Please automatically charge my card according to the payment schedule on the price sheet.

OR

☐ Please only process a onetime charge of: \$

Indicate Amount

FOR INTERNAL USE ONLY

ID#: AMOUNT (USD): \$ (O.T.P. / SCHED) CONSULTANT: